



State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources
APPLICATION FOR PERMIT

☐ Well Construction and/or ☐ Pump Installation

For Official Use Only:

Instructions: Please print in ink or type and send completed application with attachments to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. Application must be accompanied by 5 copies and a non-refundable filing fee of **\$25.00** payable to the Dept. of Land and Natural Resources. The Commission may not accept incomplete applications. For assistance, call the Regulation Branch at **587-0225**. For further information and updates to this application form, visit <http://www.state.hi.us/dlnr/cwrm>.

APPLICANT INFORMATION: (Fill out all three, if applicable, and place a check next to the primary contact)

1. (a) ☐ **WELL OWNER:** _____
Mailing Address: _____
Fax: _____

Contact Person: _____
E-mail: _____

Phone: _____

(b) ☐ **LAND OWNER:** _____
Mailing Address: _____
Fax: _____

Contact Person: _____
E-mail: _____

Phone: _____

(c) ☐ **CONTRACTOR:** _____
Mailing Address: _____
Fax: _____

Contact Person: _____
E-mail: _____

Phone: _____
Lic #: _____
(circle one: C-57, C-57a, or A)

WELL & PUMP INFORMATION: (Please fill in the diagram on the back of this form.)

2. WELL NAME: _____

Island: _____

Address _____

Tax Map Key: _____
Zone - Sec - Plat : Parcel

Attach: (a) portion of a 7.5-Minute Series USGS topographic map (scale 1:24,000) with well location labeled and include the name of the quad map
(b) a property tax map, showing well location referenced to established property boundaries

3. PROPOSED WORK: ☐ Construct New Well ☐ Install New Pump*
(check all that apply) ☐ Modify Existing Well* ☐ Modify Pump*
☐ Abandon/Seal*
*State Well No.: _____ (if unknown, please call Commission at 587-0225)

4. CONSTRUCTION: ☐ Drilled ☐ Dug ☐ Shaft ☐ Tunnel

Is this well part of a battery of wells? ☐ Yes ☐ No (Please describe)

5. PROPOSED PUMPING RATE: _____

gallons per minute

6. PROPOSED USE: ☐ Municipal (including hotels, stores, etc.) ☐ Industrial
(check all that apply) ☐ Domestic (individual, noncommercial water system)

Does this well serve 25 or more people at least 60 days per year or have 15 or more service connections? ☐ Yes ☐ No

☐ Irrigation (crop) _____ No. of Acres: _____
☐ Military ☐ Other (explain): _____

7. (a) PROPOSED AMOUNT OF WITHDRAWAL: _____

gallons per day

(b) METHOD OF FLOW MEASUREMENT: ☐ Flowmeter ☐ Open-pipe ☐ Weir ☐ Orifice ☐ Other(explain)

OTHER IMPORTANT INFORMATION:

8. LEGAL REQUIREMENTS: *If required, these permits **must** be obtained before the Commission can legally issue a permit.*

Conservation District Use Permit (CDUP) To find out if a CDUP is necessary, call DLNR Land Division at 587-0414
☐ Not Required If required, date approved _____

Environmental Impact Statement (EIS) or Environmental Assessment (EA) To determine if an EIS or EA is necessary, call OEQC at 586-4185
☐ Not Required If required, date published in OEQC bulletin _____

Special Management Area Permit (SMAP) To determine if an SMAP is necessary: on Oahu, call 527-5374; on Hawaii, call 961-8288; for Maui county, call 270-7235; on Kauai, call 241-6677.
☐ Not Required If required, date approved _____

9. ARCHEOLOGICAL REQUIREMENTS:

To find out if an archeological work is required: on Oahu, call Elaine Jourdane at 692-8027; on Hawaii, call MaryAnne Maignet at 327-3690, for Maui county, call Cathy Dagher at 692-8023, on Kauai, call Nancy McMahon at 742-7033.
☐ Not Required If required, please attach letter from DLNR Historic Preservation

10. REMARKS, EXPLANATIONS:

(if more space is needed, please attach additional sheet)

NOTE: Signing below indicates the signatories understand and swear that the information provided on this application is accurate and true to the best of their knowledge. Further, the signatories understand that approval of this application attaches the following standard conditions: 1) the proposed work is to be completed within two (2) years of the approval date; 2) the contractor shall submit to the Commission a well completion/abandonment report within **60** days after the completion date of the permitted work; 3) monthly water use data shall be submitted to the Commission; 4) such approval shall not constitute a determination of correlative water rights and shall not guarantee the pump capacity or future use up to the permitted pump capacity; 5) in the event that the application is not completed correctly, any permit may be suspended until the item is brought in to compliance, and any work done while the permit is in suspension may result in fines of up to \$1000/day.

Well Owner _____
(print legibly)

Landowner _____
(print legibly)

Contractor _____
(print legibly)

Signature _____

Signature _____

Signature _____

Date _____

Date _____

Date _____

For official use only

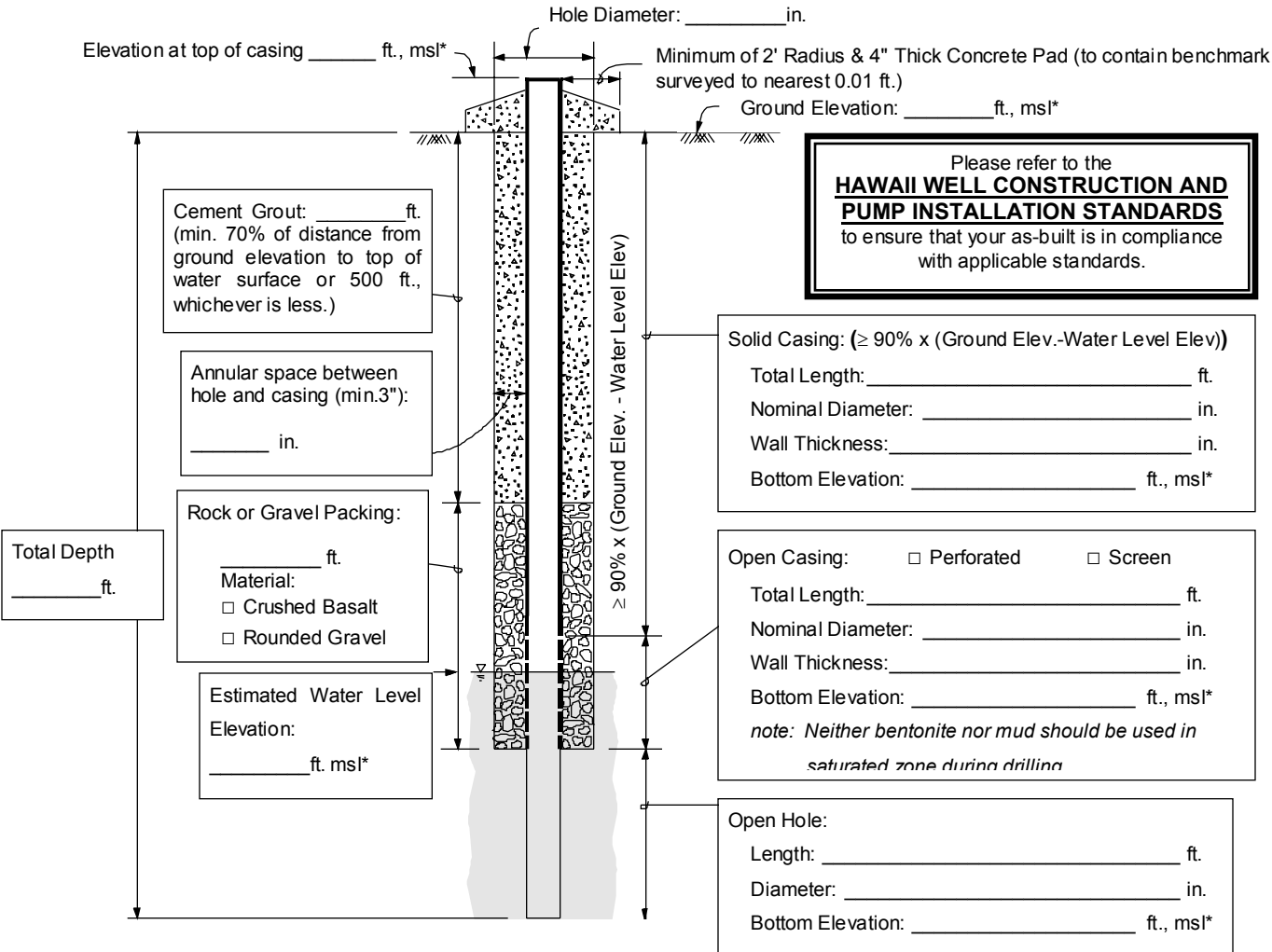
Latitude _____

Longitude _____

Aquifer System No. _____

State Well No. _____

10. PROPOSED WELL SECTION *(Please attach schematic if different from diagram provided below)*



* The approximate elevation must be referenced to mean sea level (msl) at the time of application filing. Final elevations of well components shall be submitted in the Well Completion/Well Abandonment reports and referenced to a benchmark which has been established by a surveyor licensed by the State.

For non-salt water Basal Wells - bottom elevation of well should not be deeper than 1/4 of aquifer thickness or,

$$\text{Bottom Elevation of Well Limit} = \left(\text{Water Elevation} - \frac{41 \times \text{Water Level Elevation}}{4} \right)$$

Example: Estimated + 2 ft. Water Level Elev. \longrightarrow Bottom Elevation of Well Limit = $\left(2 - \frac{41 \times (2)}{4} \right) = -18.5$ ft.

Solid Casing Material:

Carbon Steel: compliant with (*check one or more*): ☐ ANSI/AWWA C200 ☐ API Spec. 5L ☐ ASTM A53 ☐ ASTM A139

And compliant with (check one or more): ☐ ASTM A242 ☐ Type E ☐ Type S ☐ Grade B ☐ Other

Stainless Steel: (check one): ☐ ASTM A409 (production wells) ☐ ASTM A312 (monitor wells)

ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one) ☐ Schedule 40 ☐ Schedule 80

PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (*check one*): ☐ Schedule 40 ☐ Schedule 80 ☐ Schedule 120

Thermoset Plastic: *(check one)*

- ☐ Filament Wound Resin Pipe conforming to ASTM D2996
- ☐ Centrifugally Cast Resin Pipe conforming to ASTM D2997
- ☐ Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
- ☐ Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
- ☐ PTFE Fluorocarbon Tubing conforming to ASTM D3296
- ☐ FEP Fluorocarbon Tubing conforming to ASTM D3296

Open Casing Material:

Carbon Steel: compliant with (*check one or more*): ☐ ANSI/AWWA C200 ☐ API Spec. 5L ☐ ASTM A53 ☐ ASTM A139

And compliant with (check one or more): ☐ ASTM A242 ☐ Type E ☐ Type S ☐ Grade B ☐ Other

Stainless Steel: (check one): ☐ ASTM A409 (production wells) ☐ ASTM A312 (monitor wells)

ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one) ☐ Schedule 40 ☐ Schedule 80

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